PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Complete if Known				
			Application Number 09/482,87		09/482,872		
FEE TRANSMITTAL			Filing Date January 14, 2		January 14, 20	00	
For FY 2005			First Named Inventor		HITOSHI YANAGAWA		
Applicant claims small entity status. See 37 C.F.R. 1.27			Examiner Name Thierry L. Pha		Thierry L. Phan	n	
			Art Unit 2624				
TOTAL AMOUNT OF PAYMENT (\$) 0.00			Attorney Docket No. 00862.003206				
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1205 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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FEE CALCULATION		· · · · · · · · · · · · · · · · · · ·				_	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity							
	ee (\$) Fee (\$)	Fee (\$	-	Fee(<u> </u>	Fees Paid (\$)
y	300 150 200 100	500 100		20 13		-	
Plant 2	200 100	300	150	16	0 80	-	
Reissue 3	300 150	500	250	60	0 300	-	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) Fee(\$) 25 200 100 360 180							
Total Claims	Extra Claims Fee	e (\$) Fee Pa	nid (\$)	Multip	ole Dependent Cla	<u>ms</u>	
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HP = highest number of to	otal claims paid for,	if greater than 20			0	0	_
Indep. Claims	Extra Claims	<u>Fee(\$)</u>	Fee Paid (\$)				
$\frac{4}{HP} = \frac{0}{h} \times \frac{0}{h} = \frac{0}{h}$ HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Ext	ra Sheets	Number of each a	dditional 50 <u>or fra</u>	ction ther	eof Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =		(round up to	a whole n	umber) x	=	
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other:							
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SUBMITTED BY		<u> </u>					
Signature	MIV	 	Registra	ation No.		Telepho	one
Oignature //	VV-V			y/Agent)	55,112	202-53	
Name (Print/Type) Michael J. Didas						Date: August 4, 2005	